In Case of Emergency

A travel advisory for the ER

December 1, 1997 By Victoria A. Brownworth

People with chronic illness usually end up in the emergency room, often more than once. I've made that trip more times than I care to count-by care and ambulance, boat and plane. I've done time in ERs here in Philadelphia, other cities (in Washington, DC, the hospital may be the last functional institution, while in New Orleans the only thing worse than the cops in the care) and other countries (when sick in Canada, visit Toronto General; steer clear of almost any hospital in Mexico or the Caribbean). Consider this a guidebook to the ER, a veteran traveler's tip sheet.

Planning the trip. You can't prepare for an emergency, although an ounce of caution can keep ER visits at a minimum. But sudden high fevers, severe abdominal or chest pain, loss of consciousness, difficulty breathing, bleeding and seizures are all reasons to leave home. And I advise that you not take notes on George Clooney, Anthony Edwards and the rest of the *ER* staff on Thursday nights. The show may be live this season, but it's still almost exclusively about doctors and, on occasion, nurses, with patients as props. In real life, the opposite is true: ERs have many patients, few nurses and even fewer doctors. All those solicitous physicians hovering over earnest interns-that's pure entertainment; the students treat you. Another real difference: The screams are real.

Getting there. The nearest teaching hospital or the hospital your doctor is affiliated with is your destination of choice, since you may not be going home immediately. As for transportation, decide this based on how dire your circumstances. Ambulances aren't my favorite means of travel. They're fine if you're unconcious, but all that panic-striking, siren-piercing speed and high drama come at a high price ($350 in Philadelphia), and insurance may not cover it. Even strapped onto a gurney, you lurch from side to side; your questions (everything from "Which hospital am I being taken to?" to "I'm not going to die, am I?") tend to go unanswered. But the technicians will give you basic medical attention.

Taking care. Never go alone. Pick a companion, friend or lover who knows what meds you take, what allergies you have, what makes you laugh and other details related to your well-being. But it's common practice for hospital staff to try to keep your companion in the waiting room while wheeling you down the hall. Resist this. Cry if you have to, or lie, saying (I do), "My doctor said it's best if my partner stays with me as my heart goes into arrhythmia when I'm anxious." As long as my lover's there with me, I believe I can't die. Her touch keeps me alive.

Timing it right. This is impossible. As a general rule, avoid ERs when doctors tend to be away- weekends, nights, holidays (especially the Jewish High Holidays and Christmas through New Year's). In summer, when many hospitals operate with a skeletal staff of attending physicians and an influx of new interns, you're more likely to serve as a learning tool for a green graduate.

Conducting business. No matter how bad you feel, refrain from acting out with the nurses. Yelling, threatening, wheedling, whining and generally being a pain in the ass don't help. Nurses run ERs: From the moment you pass through the sliding glass doors, it's a nurse who decides how urgent your case is (known as triage), takes your vital signs, draws your blood, sets up an IV line, oxygen and any other equipment. Practice politeness and patience: You're not the only sick person there; others who get attention before you generally need it. This is when a buddy comes in handy-to help with the paperwork, get you a bedpan or just calm you down.

Seeing the signs. The emotions triggered by the ER can be as devastating as your emergency. The waiting rooms are often overcrowded with fellow sufferers, a number of whom are screaming, moaning, coughing, vomiting, spitting; drunk, on drugs or overdosing; violently in need of psychiatric care. Small children run around unsupervised. People sit snacking and laughing as if in a social club, right next to a man with a TB hack and a sobbing woman. Fear's in the air, and that vibe's infectious. There's a moment during every ER visit when I'm tempted to wheel myself out, but I remember: I'm I'm sick enough to come in, I need to be here. I try not to think about dying, even when the bloody trauma cases appear, and morgue-bound gurneys. I hold my lover's hand.

Coming home. Count your blessings.
